


Please type a plus sign (+) inside this box → Approved for use through 8/30/00. OMB 0001-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration  
Submitted  
with Initial  
Filing  
OR  
☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	AMS-004
First Named Inventor	Samii, Garin
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Shutdown Separators with Improved Properties

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 368(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-87)  
Approved for use through 8/30/00. OMB 0861-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number		<input type="checkbox"/> Place Customer Number Bar Code Label Here	
<input checked="" type="checkbox"/> Registered practitioner(s) name(s)/registration number listed below			
Name	Registration Number	Name	Registration Number
Mark P. White	37,757		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label 26918 OR ☒ Correspondence address below

Name	Mark P. White		
Address	57 Bedford Street		
Address	Suite 103		
City	Lexington	State	MA
Country	US	Telephone	781-863-2041
		Fax	781-863-2250

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Garrin		Samii	
Inventor's Signature	<i>Samii</i>	Date	5-11-04
Residence: City	Laguna Hills	State	CA
		Country	US
Post Office Address	25721 Califfa Drive		
Post Office Address			
City	Laguna Hills	State	CA
		ZIP	92653
		Country	US

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

[Page 2 of 2]

Please type a plus sign (+) inside this box → ☐

PTO/SB01 (8-96)  
Approved for use through 9/30/96. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Abbas	Middle Initial	M	Family Name	Samii	Suffix e.g. Jr.	
Inventor's Signature	<i>Abbas Samii</i>			Date	5-12-04		
Residence: City	Belmont	State	MA	Country	USA		Citizenship
Post Office Address	25 Hurley Street						
Post Office Address							
City	Belmont	State	MA	Zip	02478		Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Dave	Middle Initial	C.	Family Name	Veno	Suffix e.g. Jr.	
Inventor's Signature	<i>DC Veno</i>			Date	5/12/04		
Residence: City	Woburn	State		Country	USA		Citizenship
Post Office Address	122 Burlington St.						
Post Office Address							
City	Woburn	State	MA	Zip	01801		Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		Zip			Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		Zip			Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City		State		Country			Citizenship
Post Office Address							
Post Office Address							
City		State		Zip			Country
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor							
Additional inventors are being named on supplemental sheet(s) attached hereto							

(Page 3 of 5)